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MORBIDITY AND MORTALITY WEEKLY REPORT

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Health Objectives for the Nation

Deaths Resulting from Residential Fires — United States, 1991

Most residential fires occur during December through March—a period of colder weather and longer darkness. During 1991, residential fires were the second leading cause of injury deaths (after motor-vehicle-related injuries) among children aged 1-9 years (1) and the sixth leading cause of such deaths among persons aged ≥65 years. Because of seasonal variations in the occurrence of residential fires, CDC analyzed death certificate data from U.S. vital statistics mortality tapes maintained by CDC's National Center for Health Statistics and data from the National Fire Incidence Reporting System (NFIRS) to improve characterization of selected residential fires. This report summarizes the analysis of death certificate data for 1991 and data from NFIRS for 1990.

Deaths from residential fires were identified using *International Classification of Diseases, Ninth Revision*, external cause of injury codes E890-E899 and place of occurrence noted as residence on the death certificate. Information about the causes of fire-associated deaths was obtained from NFIRS, maintained by the U.S. Fire Administration, which gathers detailed reports of a sample of fire-associated deaths collected from approximately 13,500 fire departments in 41 states (2). NFIRS estimates of deaths associated with residential fires for children aged <5 years were based on 279 deaths, and for adults aged >70 years, 368 deaths.

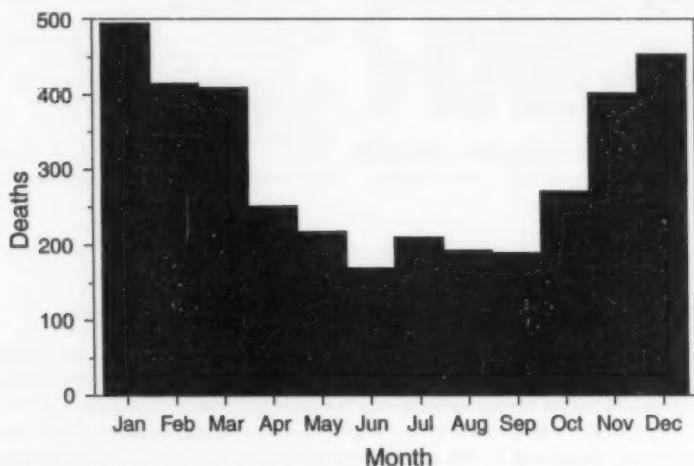
In 1991, residential fires accounted for 3683 deaths; of these, 1773 (48%) occurred during January (495), February (415), March (409), and December (454) (Figure 1). These deaths included 711 (19%) among children aged <5 years and 898 (24%) among persons aged ≥70 years. In comparison with the total population, the rate for fire-related death was highest for the young and the elderly (Figure 2).

Based on NFIRS data for January-December 1990, the causes of the fires were known for 522 (72%) deaths of children aged <5 years; the three leading causes were 1) children playing with fire-ignition sources (e.g., matches) (37%), 2) faulty or misused heating devices (19%), and 3) faulty or misused electrical distribution sources* (11%). For persons aged >70 years, the causes of fires were known for 247 (67%)

*Includes wiring, transformers, meter boxes, power switching gear, outlets, cords, plugs, and lighting fixtures as sources of heat.

Residential Fires — Continued

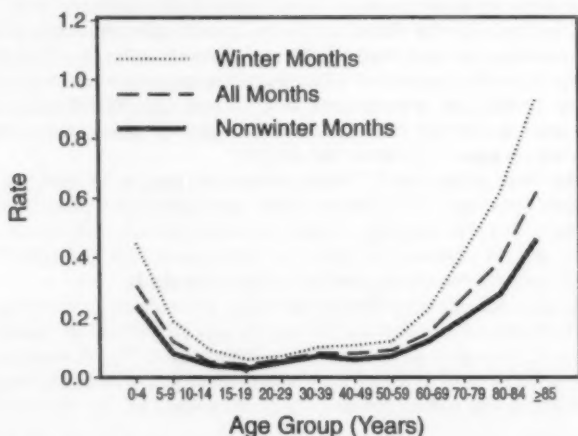
FIGURE 1. Number of deaths from residential fires,* by month — United States, 1991



* International Classification of Diseases, Ninth Revision, codes E890-E899.

Source: National Center for Health Statistics, CDC.

FIGURE 2. Rate* of deaths from residential fires† during winter months‡ and nonwinter months§, by age group of decedent — United States, 1991



* Per 100,000 population.

† International Classification of Diseases, Ninth Revision, codes E890-E899.

‡ January, February, March, and December.

§ April through November.

Source: National Center for Health Statistics, CDC.

Residential Fires — Continued

deaths; the three leading causes were 1) careless smoking (33%), 2) faulty or misused heating devices (19%), and 3) faulty or misused electrical distribution sources (12%) (2).

Data from the 1990 NFIRS were used to estimate the numbers of fires and deaths associated with selected causes of residential fires during January, February, March, and December (2). During these months in 1990, residential electrical-distribution fires were associated with an estimated 40,000 fires and 266 deaths (Table 1). Residential fires involving fireplaces and chimneys resulted in an estimated 26,200 fires, and portable kerosene and electrical heaters were involved in an estimated 1500 fires. Christmas tree fires caused approximately 600 residential fires and 29 deaths; the ratio of deaths to fires was 1:21.

Reported by: Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: Despite the 37% decline in rates of residential-fire deaths from 1970 through 1991 (1), the overall rate in 1991 (1.5 per 100,000) exceeded the rate targeted by a national health objective for the year 2000 (reducing the rate of residential fire-related deaths to no more than 1.2 deaths per 100,000 persons [objective 9.6]). In particular, the rates for children aged <5 years (3.7 per 100,000 children) and for persons aged ≥65 years (3.5 per 100,000)—the highest-risk groups—exceeded the age-group-specific target goal of 3.3 per 100,000 for each group (1,3).

The increased occurrence of fire-related deaths during winter months reflects the seasonal use of portable heaters, fireplaces and chimneys, and Christmas trees (2). Fires associated with electric portable heaters usually result from electrical shortages or device failure, rather than from ignition of nearby materials such as draperies. Electric cords for portable electric space heaters should be plugged directly into the wall and not linked through an extension cord, kept at least 3 feet from any combustible object, and unplugged when not in use. Fires attributed to the use of kerosene portable heaters usually result from using the wrong fuel, faulty switches and valves, and fuel leaks and spills that subsequently ignite. Kerosene heaters should be used only with K-1 kerosene, rather than gasoline or camp-stove fuel, and should be refueled outdoors after the heater has cooled. Chimney fires usually result from a build-up of creosote, a highly flammable by-product of wood fires. Chimneys should be cleaned or inspected annually to detect and prevent creosote build-up. A fire screen should be used in front of the fireplace; wood stoves and fireplaces should burn only seasoned wood—not green wood, trash, or wrapping paper.

TABLE 1. Estimated number of residential fires, number of deaths, and ratio of deaths to fires, by selected causes — United States, 1990

Cause	No. deaths	Estimated no. fires	Ratio (deaths:fires)
Christmas trees	29	600	1:21
Portable heaters	56	1,500	1:27
Electrical distribution*	266	40,000	1:150
Fireplaces and chimneys	58	26,200	1:452

*Includes wiring, transformers, meter boxes, power switching gear, outlets, cords, plugs, and lighting fixtures as sources of heat.

Source: National Fire Incidence Reporting System, U.S. Fire Administration.

Residential Fires—Continued

Fires related to Christmas trees usually result from electrical problems (e.g., overloaded electrical circuits caused by using several extension cords in one outlet, or frayed wire and cords). In 1991, Christmas trees accounted for the lowest number of fires, but a substantially higher proportion of deaths than other types of residential fires described in this report (Table 1). Persons in households with these holiday decorations should periodically examine the electric lights used and should not place trees near heating sources or fireplaces. In addition, live-cut trees should be sufficiently watered to reduce drying; dry trees ignite easily and burn rapidly.

To reduce the risk for death or injury resulting from fires, a smoke detector should be installed outside each sleeping area on every habitable level of a home and the battery changed at least annually. Occupants should develop escape plans that include the identification of two exits from every living area and should practice exit drills and meeting at a designated place at a safe location sufficiently distant from the home. In addition, every home should have a multipurpose fire extinguisher ready for use in extinguishing small fires. Residences should be evacuated for any fire that cannot be extinguished within 1 minute because of the rapid rate of accumulation of heat and smoke; once evacuated, residences should not be reentered. Persons who become trapped in a residence should crawl on the floor toward an exit to avoid inhalation of smoke that has risen.

Because children playing with fire-ignition sources were the leading cause of fires that resulted in the deaths of children aged <5 years, children should be taught not to play with matches or lighters. In addition, young children should be told to inform an adult immediately if they see a fire starting. Other precautions should include storing matches and lighters out of the reach of young children; wooden "strike anywhere" kitchen matches should not be used or kept in homes with young children.

Programs directed at modifying the environment and behaviors may assist in reducing the number of deaths from residential fires. For example, CDC is working with the Maryland Department of Health and Mental Hygiene, Division of Injury and Disability Prevention and Rehabilitation, to install smoke detectors in homes, implement a public health education campaign about smoke detector use and maintenance, and pass and enforce local smoke detector ordinances.

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Current Trends

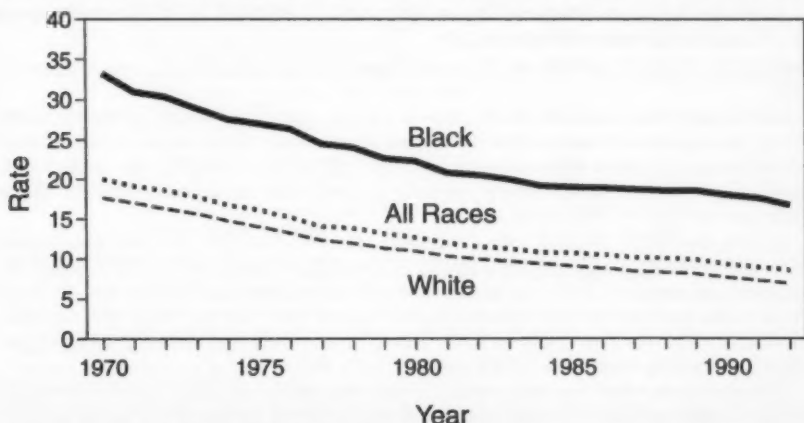
Infant Mortality — United States, 1992

The final infant mortality (death before age 1 year) rate for the United States for 1992—8.5 infant deaths per 1000 live-born infants—was the lowest rate ever recorded and represented a decrease of 4.5% from the rate of 8.9 for 1991 (Figure 1). Based on provisional data, the trend in declining infant mortality continued through 1993 (rate: 8.3) (1). This report characterizes infant mortality in 1992 using information from birth and death certificates compiled by CDC's National Center for Health Statistics (2) and compares findings with those for 1991.

In this report, cause-of-death statistics are based on the underlying cause of death* reported on the death certificate by the attending physician, medical examiner, or coroner in a manner specified by the World Health Organization. Because race reflects differing distributions of several risk factors for infant death (e.g., low birthweight [LBW] (<2500 g (5 lbs 9 oz) at birth)) and is useful for identifying groups at greatest risk for infant death, this analysis examines race-specific mortality rates. Race for infant deaths was tabulated by race of decedent; race for live-born infants (who comprise the denominators of infant mortality rates) was tabulated by race of mother. Rates are presented only for black and white infants because the Linked Birth/Infant Death Data Set (used to more accurately estimate infant mortality rates for other racial groups) was not available for 1991 and 1992.

*Defined by the *International Classification of Diseases, Ninth Revision*, as "(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury."

FIGURE 1. Infant mortality rate,* by race† of mother — United States, 1970–1992



*Death before age 1 year, per 1000 live-born infants.

†Hispanics and non-Hispanics are included in both racial groups. Data are presented only for black and white infants because the Linked Birth/Infant Death Data Set (used to more accurately estimate infant mortality rates for other racial groups) was not available for 1991 and 1992.

Infant Mortality—Continued

In 1992, a total of 34,628 infants died, compared with 36,766 in 1991. The mortality rate for white[†] infants in 1992 (6.9 per 1000) decreased 5.5% from the rate in 1991 (7.3), while the rate for black[†] infants in 1992 (16.8) decreased 4.5% from 1991 (17.6). From 1991 through 1992, the overall neonatal mortality (death before age 28 days) rate decreased 3.6% (5.6 to 5.4 per 1000); for white infants, the rate decreased from 4.5 to 4.3 and for black infants, from 11.2 to 10.8. The overall postneonatal mortality (death at age 28 days–11 months) rate decreased 8.8% (3.4 to 3.1 per 1000); for white infants, the rate decreased from 2.8 to 2.6, and for black infants, from 6.3 to 6.0.

From 1991 to 1992, the infant mortality rate decreased for six of the 10 leading causes of infant death and increased for three causes (Table 1). The largest decreases were for respiratory distress syndrome (RDS) (18.7%), accidents[‡] and adverse effects (14.1%), and sudden infant death syndrome (SIDS) (7.5%). Increases occurred for the categories of newborn affected by complications of placenta, cord, and membranes (4.3%); infections specific to the perinatal period (3.7%); and intrauterine hypoxia and birth asphyxia (3.4%).

The rank order of the 10 leading causes of infant death differed by race (Table 1). Although the first four leading causes of death were the same for white and black infants, their rank ordering differed; these same four causes accounted for 54.8% and 50.0% of all deaths among white and black infants, respectively. For white infants, the leading cause of death was congenital anomalies (25.6%); for black infants, the leading cause of death was disorders relating to short gestation and unspecified LBW (17.8%).

In 1992, the risk for death during the first year of life was 2.4 times greater for black than for white infants. For each of the leading causes of death, the risk for death was higher for black than for white infants, although there were large variations in the magnitude of the excess by cause. The cause-specific ratios were highest for disorders relating to short gestation and unspecified LBW (5.0:1), pneumonia and influenza (2.9:1), and RDS and infections specific to the perinatal period (2.5:1). The ratios were lowest for newborn affected by complications of placenta, cord, and membranes (2.1:1) and congenital anomalies (1.2:1).

Reported by: Mortality Statistics Br, Div of Vital Statistics, National Center for Health Statistics, CDC.

Editorial Note: The infant mortality rate—a standard index of health—is higher in the United States than in many other developed countries. In 1990 (the most recent year for which comparative data are available), the U.S. infant mortality rate ranked 24th among countries or geographic areas with a population of at least 1 million (3), a decline in rank from 1980 (20th) (4).

During the 1970s, the U.S. infant mortality rate declined 4.6% per year but slowed to an annual average decrease of 2.8% during the 1980s. From 1990 to 1991, the infant mortality rate declined 3.3%; approximately half of this decrease represented declines in mortality from congenital anomalies (34.6%) and RDS (18.5%). From 1991 to 1992, the infant mortality rate declined 4.5%; nearly half of this decrease represented declines in mortality from RDS (26.2%) and SIDS (21.9%).

Differences in infant mortality rates by race may reflect differences in factors such as socioeconomic status, access to medical care, and the prevalence of specific risks.

[†]Includes both Hispanic and non-Hispanic infants.

[‡]When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

Infant Mortality — Continued

TABLE 1. Number of infant deaths, mortality rate,* and percentage of deaths attributed to the 10 leading causes of death, by race† of mother and cause — United States, 1992

Race/ Rank order‡	Cause of death (ICD-9§ code)	No.	Rate	% Distribution
BLACK				
1	Disorders relating to short gestation and unspecified low birthweight (765)	2,025	300.6	17.8
2	Congenital anomalies (740–759)	1,477	219.3	13.0
3	Sudden infant death syndrome (798.0)	1,471	218.4	13.0
4	Respiratory distress syndrome (769)	705	104.7	6.2
5	Newborn affected by maternal complications of pregnancy (761)	466	69.2	4.1
6	Infections specific to the perinatal period (771)	306	45.4	2.7
7	Newborn affected by complications of placenta, cord, and membranes (762)	298	44.2	2.6
8	Accidents** and adverse effects (E800–E949)	251	37.3	2.2
9	Pneumonia and influenza (480–487)	216	32.1	1.9
10	Intrauterine hypoxia and birth asphyxia (768)	185	27.5	1.6
	All other causes (residual)	3,948	586.1	34.8
All causes		11,348	1,584.5	100.0
WHITE				
1	Congenital anomalies (740–759)	5,666	177.0	25.6
2	Sudden infant death syndrome (798.0)	3,239	101.2	14.6
3	Disorders relating to short gestation and unspecified low birthweight (765)	1,926	60.2	8.7
4	Respiratory distress syndrome (769)	1,321	41.3	6.0
5	Newborn affected by maternal complications of pregnancy (761)	963	30.1	4.3
6	Newborn affected by complications of placenta, cord, and membranes (762)	659	20.6	3.0
7	Infections specific to the perinatal period (771)	573	17.9	2.6
8	Accidents** and adverse effects (E800–E949)	533	16.6	2.4
9	Intrauterine hypoxia and birth asphyxia (768)	404	12.6	1.8
10	Pneumonia and influenza (480–487)	357	11.2	1.6
	All other causes (residual)	6,523	203.7	29.4
All causes		22,164	692.3	100.0
TOTAL††				
1	Congenital anomalies (740–759)	7,449	183.2	21.5
2	Sudden infant death syndrome (798.0)	4,691	120.3	14.1
3	Disorders relating to short gestation and unspecified low birthweight (765)	4,035	99.3	11.7
4	Respiratory distress syndrome (769)	2,063	50.8	6.0
5	Newborn affected by maternal complications of pregnancy (761)	1,461	35.9	4.2
6	Newborn affected by complications of placenta, cord, and membranes (762)	993	24.4	2.6
7	Infections specific to the perinatal period (771)	901	22.2	2.4
8	Accidents** and adverse effects (E800–E949)	819	20.1	1.8
9	Intrauterine hypoxia and birth asphyxia (768)	613	14.8	1.7
10	Pneumonia and influenza (480–487)	600	14.8	1.7
	All other causes (residual)	10,803	265.8	31.2
All causes		34,628	851.9	100.0

*Death before age 1 year, per 100,000 live-born infants in specified group.

†Hispanics and non-Hispanics are included in both racial groups. Race differences are given only for black and white infants because the Linked Birth/Infant Death Data Set (used to more accurately estimate infant mortality rates for other racial groups) was not available for 1992.

‡Based on number of deaths.

§International Classification of Diseases, Ninth Revision.

**When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

††Includes races other than black and white.

Infant Mortality — Continued

For example, the mortality rate is substantially higher for infants born to mothers of low socioeconomic status (5). In 1990, nearly three times as many black as white infants (56% versus 20%) were members of families with incomes below the poverty level (Bureau of the Census, unpublished data, 1992). In addition, because of income differentials, a lower proportion of black women have health insurance that covers the costs of adequate care for pregnancy and childbirth (6).

LBW is an important intermediate variable between some risk factors and infant mortality. In 1988 (the most recent year for which such data were available), 6.9% of infants had LBW; however, 59.2% of all infant deaths occurred among these infants. In 1992, a total of 13.3% of black infants had LBW, compared with 5.8% of white infants (7). Most of the causes of death for which black infants are at substantially elevated risk are closely associated with LBW. For three of the four causes of infant death characterized by the highest ratios of black-to-white mortality rates (i.e., disorders relating to short gestation and unspecified LBW, RDS, and newborn affected by maternal complications of pregnancy), 91.4% of the deaths in 1988 occurred among LBW infants (CDC, unpublished data, 1994).

The 1990 national health objective to reduce the overall infant mortality rate to nine deaths per 1000 live-born infants (8) was achieved in 1991 (rate: 8.9). A year 2000 national health objective is to reduce the overall infant mortality rate to no more than seven per 1000 live-born infants (objective 14.1) (9). This objective can be achieved by sustaining an average annual decrease of at least 2.4% for the total population.

Strategies to achieve the national health objective for reducing infant mortality should consider the heterogeneity of factors accounting for infant mortality in the United States. For example, reducing mortality from disorders related to short gestation and unspecified LBW will require improved access to adequate prenatal care and understanding of etiologic risk factors for preterm delivery; reduction of deaths related to maternal complications of pregnancy will require both expansion of access to prenatal care and assessment of the adequacy of the content of care (10). Efforts to address these and other risk factors may increase the likelihood of achieving the year 2000 national health objective for infant mortality.

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Infant Mortality — Continued

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*Epidemiologic Notes and Reports***Encephalitis Associated with Cat Scratch Disease —
Broward and Palm Beach Counties, Florida, 1994**

On August 14, 1994, the Broward County Public Health Unit of the Florida Department of Health and Rehabilitative Services was notified of three children from Pompano Beach who were hospitalized with encephalitis attributed to cat scratch disease (CSD). All three children (aged 5, 6, and 11 years) were previously healthy and had no histories of seizure disorders or diagnoses of CSD. This report summarizes the investigation of these cases.

On August 12 and 13, during a 26-hour period, each child entered the emergency department of the same hospital with sudden onset of generalized seizures, coma, and respiratory depression requiring intubation and assisted ventilation. Two of the children had focal lymphadenopathy (axillary and epitrochlear) on admission; cervical lymphadenopathy developed in the third child during hospitalization. Clinical examinations and laboratory tests ruled out some causes of encephalopathy, including viral infections (e.g., herpes simplex and arboviruses), metabolic disorders, and toxic ingestions.

On September 5 and 27, additional cases of CSD encephalitis were confirmed in a 9-year-old boy and a 3-year-old girl from the same area (Fort Lauderdale and Boynton Beach). CSD lymphadenopathy had been diagnosed in both children approximately 3 weeks before the onsets of seizure and coma. Although the girl had been treated with successive courses of amoxicillin/clavulanate potassium and trimethoprim-sulfamethoxazole before the onset of CSD encephalitis, both of these cases were clinically similar to the first three cases.

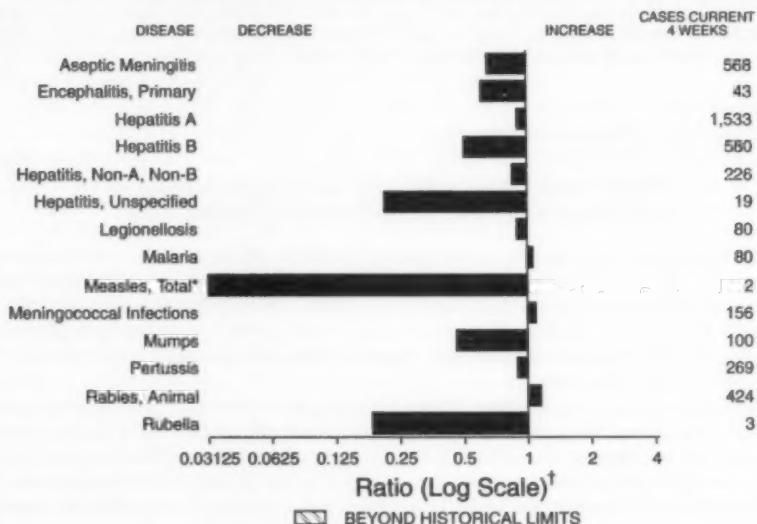
Case and contact investigations identified exposure (e.g., handling and petting) to stray kittens as the only common link among the affected children; histories of overt scratches or bites were not elicited. Indirect fluorescent-antibody testing at CDC detected elevated antibody titers to *Bartonella henselae*, the etiologic agent for CSD, in all five patients (Table 1, page 915). Microscopic examination of lymph node biopsies was consistent with CSD for the two children with lymphadenopathy on presentation.

During hospitalization (range: 11–17 days), all children received supportive care and antibiotic and anticonvulsant therapy. All five children recovered without apparent sequelae.

Reported by: JE Stone, MJ Gorensek, MD, J Del Toro, MD, J Wong, MD, CA Gadia, MD, Broward General Medical Center, JL Cresanta, MD, JP Griffiths, RG Self, MD, Broward County Public Health Unit, Fort Lauderdale; WG Hlady, MD, RS Hopkins, MD, State Epidemiologist, Florida Dept of Health and Rehabilitative Svcs. Viral and Rickettsial Zoonoses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

(Continued on page 915)

FIGURE 1. Notifiable disease reports, comparison of 4-week totals ending December 10, 1994, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total) reflect dramatic fluctuations in the historical baseline. (Ratios (log scale) for week 49 measles (total) is 0.03125).

[†]Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE 1. Summary — cases of specified notifiable diseases, United States, cumulative, week ending December 10, 1994 (49th Week)

	Cum. 1994		Cum. 1994
AIDS*	72,800	Measles: imported	183
Anthrax	-	indigenous	690
Botulism: Foodborne	58	Plague	14
Infant	74	Poliomyelitis, Paralytic [‡]	1
Other	7	Psittacosis	39
Brucellosis	82	Rabies, human	2
Cholera	31	Syphilis, primary & secondary	19,148
Congenital rubella syndrome	6	Syphilis, congenital, age < 1 year [‡]	1,123
Diphtheria	1	Tetanus	35
Encephalitis, post-infectious	102	Toxic shock syndrome	175
Gonorrhea	370,883	Trichinosis	33
Haemophilus influenzae (invasive disease) [‡]	1,064	Tuberculosis	20,976
Hansen Disease	110	Tularemia	83
Leptospirosis	34	Typhoid fever	391
Lyme Disease	10,784	Typhus fever, tickborne (RMSF)	426

*Updated monthly to the Division of HIV/AIDS, National Center for Infectious Diseases; last update November 29, 1994.

[‡]Of 1010 cases of known age, 268 (29%) were reported among children less than 5 years of age.

[§]This case was vaccine-associated. The remaining 6 suspected cases with onset in 1994 have not yet been confirmed.

[¶]Total reported to the Division of Sexually Transmitted Diseases and HIV Prevention, National Center for Prevention Services, through second quarter 1994.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending December 10, 1994, and December 11, 1993 (49th Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionel- losis	Lyme Disease
			Primary	Post-in- fectious			A	B	NA,NB	Unspeci- fied		
					Cum. 1994	Cum. 1994						
UNITED STATES	72,888	7,661	624	102	370,883	378,143	21,719	10,705	4,035	393	1,475	10,784
NEW ENGLAND	2,599	299	19	5	7,721	7,394	276	304	121	15	76	2,528
Maine	79	31	5	-	85	77	24	11	-	-	5	27
N.H.	60	32	-	2	105	69	15	21	8	-	-	30
Vt.	34	36	3	-	34	23	12	-	-	-	-	13
Mass.	1,309	84	9	1	3,084	2,999	103	175	93	13	59	242
R.I.	241	116	2	2	450	402	26	8	20	2	12	471
Conn.	866	-	-	-	3,963	3,824	96	89	-	-	-	1,745
MID. ATLANTIC	21,304	884	59	19	40,647	44,561	1,550	1,364	420	8	239	6,749
Upstate N.Y.	2,006	433	34	3	9,782	9,796	511	366	212	4	58	4,195
N.Y. City	12,177	137	7	5	14,236	11,868	624	351	4	-	10	28
N.J.	4,855	-	-	-	4,530	5,558	248	324	170	-	38	1,245
Pa.	2,456	314	18	11	12,099	17,339	167	323	34	4	133	1,281
E.N. CENTRAL	5,883	1,467	154	22	72,020	80,376	2,326	1,084	297	12	435	131
Ohio	1,095	377	55	4	20,674	21,360	1,081	157	23	-	191	75
Ind.	589	197	12	1	8,766	8,158	359	175	10	-	105	14
Ill.	2,896	375	50	5	18,507	27,759	428	216	63	6	30	11
Mich.	960	511	33	12	17,339	16,884	316	392	198	7	79	31
Wis.	343	7	4	-	6,734	6,235	162	124	3	-	30	-
W.N. CENTRAL	1,502	415	33	8	21,110	20,528	1,071	604	103	12	92	284
Minn.	375	25	4	-	3,402	2,317	225	63	21	1	2	165
Iowa	96	117	1	1	1,557	1,508	61	26	13	11	33	16
Mo.	671	151	8	4	11,339	12,416	526	455	40	-	36	87
N. Dak.	22	12	4	-	18	52	5	-	-	-	4	-
S. Dak.	15	2	4	-	196	243	37	2	-	-	1	-
Nebr.	84	37	5	3	1,060	484	118	29	14	-	10	2
Kans.	239	71	7	-	3,536	3,508	99	29	15	-	6	14
S. ATLANTIC	17,469	1,490	142	29	104,146	94,548	1,376	2,156	603	53	332	821
Del.	247	37	1	-	1,892	1,470	17	5	1	-	26	78
Md.	2,528	238	21	4	16,956	15,649	200	389	32	16	86	362
D.C.	1,325	53	-	1	6,572	5,205	26	54	1	-	10	9
Va.	1,069	309	31	6	12,770	11,604	177	128	25	10	12	128
W. Va.	76	37	48	-	785	639	21	45	43	-	4	27
N.C.	1,152	217	40	1	26,717	23,535	139	284	53	-	27	77
S.C.	1,088	30	-	-	12,296	9,800	39	32	10	-	16	7
Ga.	2,071	50	1	-	3,595	4,660	33	532	185	-	99	106
Fla.	7,895	519	-	17	22,563	21,986	724	707	253	27	52	27
E.S. CENTRAL	1,942	510	39	3	43,763	43,488	624	1,107	888	2	71	42
Ky.	296	174	16	1	4,897	4,716	152	70	31	-	9	23
Tenn.	693	124	12	-	14,346	13,476	279	953	838	1	44	13
Ala.	554	163	8	1	13,868	15,550	122	84	19	1	13	6
Miss.	399	49	3	1	10,652	9,746	71	-	-	-	5	-
W.S. CENTRAL	6,962	841	48	2	45,268	42,780	3,109	1,453	584	71	43	127
Ark.	255	46	-	-	6,212	7,230	188	32	7	2	9	8
La.	1,146	32	7	-	11,367	11,367	147	161	177	1	13	2
Okl.	244	-	-	-	3,259	4,396	360	302	333	3	11	73
Tex.	5,337	761	41	2	24,430	19,787	2,414	958	67	65	10	44
MOUNTAIN	2,107	334	12	5	9,276	10,700	4,222	608	417	61	102	20
Mont.	26	8	-	-	84	84	24	23	14	-	16	-
Idaho	56	6	-	-	85	166	355	72	67	1	2	3
Wyo.	18	4	2	2	83	75	29	23	164	-	6	5
Colo.	763	132	3	-	3,169	3,800	570	95	71	17	21	-
N. Mex.	198	18	-	-	1,025	915	1,080	205	46	11	4	8
Ariz.	559	70	1	2	3,010	3,671	1,340	56	16	15	22	-
Utah	131	53	2	1	231	404	593	78	20	4	7	3
Nev.	356	43	4	-	1,589	1,785	231	56	19	13	24	1
PACIFIC	13,110	1,421	118	9	26,932	33,768	7,165	2,045	602	159	85	82
Wash.	856	-	-	-	2,717	3,463	334	73	71	2	8	-
Oreg.	550	-	-	-	571	1,105	765	82	17	-	-	-
Calif.	11,481	1,274	115	8	22,215	28,025	5,808	1,852	509	153	73	82
Alaska	40	18	3	-	836	604	201	11	-	-	-	-
Hawaii	183	129	-	1	593	571	57	27	5	3	4	-
Guam	1	22	-	-	197	96	44	6	1	12	3	-
P.R.	2,159	39	1	3	425	483	83	353	165	11	-	-
V.I.	49	-	-	-	41	90	-	1	-	-	-	-
Amer. Samoa	-	-	-	-	31	41	8	-	-	-	-	-
C.N.M.I.	-	-	-	-	45	77	8	1	-	-	-	-

N: Not notifiable

U: Unavailable

C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS, National Center for Infectious Diseases; last update November 29, 1994.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 10, 1994, and December 11, 1993 (49th Week)

Reporting Area	Measles (Rubella)						Meningococcal Infections		Mumps		Pertussis			Rubella		
	Malaria	Indigenous			Imported*			Cum. 1994	1994	Cum. 1994	1994	Cum. 1994	1994	Cum. 1994	1994	Cum. 1994
		Cum. 1994	1994	Cum. 1994	1994	Cum. 1994	Cum. 1993									
UNITED STATES	1,004	-	690	-	183	302	2,476	25	1,337	101	3,352	6,014	-	217	177	
NEW ENGLAND	76	-	14	-	14	63	132	-	25	11	423	738	-	131	2	
Maine	6	-	1	-	4	1	22	-	3	-	18	18	-	-	1	
N.H.	3	-	1	-	-	2	7	-	4	4	80	155	-	-	-	
Vt.	3	-	2	-	1	31	4	-	-	-	42	91	-	-	-	
Mass.	33	-	2	-	6	18	57	-	3	6	237	377	-	125	1	
R.I.	9	-	4	-	3	2	-	-	3	1	7	14	-	3	-	
Conn.	22	-	4	-	-	9	42	-	12	-	39	83	-	3	-	
MID. ATLANTIC	209	-	172	-	33	36	246	1	107	4	589	905	-	11	59	
Upstate N.Y.	54	-	12	-	14	8	90	-	32	3	227	326	-	8	17	
N.Y. City	79	-	11	-	3	18	11	-	13	-	157	85	-	1	22	
N.J.	48	U	144	U	12	10	53	U	6	U	11	84	U	2	15	
Pa.	30	-	5	-	4	-	92	1	56	1	194	410	-	-	5	
E.N. CENTRAL	98	-	58	-	44	31	391	4	243	8	407	1,492	-	11	8	
Ohio	15	-	15	-	2	9	108	2	71	4	150	434	-	-	1	
Ind.	14	-	-	-	1	1	76	-	7	4	85	158	-	-	3	
Ill.	39	-	17	-	39	9	115	-	104	-	94	423	-	3	1	
Mich.	28	-	23	-	2	6	57	2	47	-	48	115	-	8	2	
Wis.	2	-	3	-	-	6	35	-	14	-	50	382	-	-	1	
W.N. CENTRAL	45	-	126	-	44	3	174	-	65	4	204	543	-	2	1	
Minn.	14	-	-	-	-	-	18	-	5	-	67	319	-	-	-	
Iowa	5	-	6	-	1	-	20	-	16	-	21	37	-	-	-	
Mo.	13	-	118	-	42	1	87	-	38	-	44	139	-	2	1	
N. Dak.	1	-	-	-	-	-	1	-	5	-	4	5	-	-	-	
S. Dak.	-	-	-	-	-	-	9	-	-	2	24	8	-	-	-	
Nebr.	5	-	1	-	1	-	13	-	1	2	11	14	-	-	-	
Kans.	7	-	1	-	-	2	26	-	-	-	13	21	-	-	-	
S. ATLANTIC	223	-	59	-	8	29	424	4	198	63	357	638	-	11	7	
Del.	3	-	-	-	-	-	5	-	-	-	3	10	-	-	-	
Md.	101	-	2	-	2	4	43	2	67	2	76	129	-	-	3	
D.C.	14	-	-	-	-	-	6	-	-	-	10	14	-	-	-	
Va.	37	-	1	-	2	4	66	-	42	-	36	63	-	-	-	
W. Va.	-	-	30	-	-	-	14	-	3	-	5	8	-	-	-	
N.C.	11	-	2	-	1	1	51	-	36	61	140	195	-	-	-	
S.C.	5	-	-	-	-	-	31	-	8	-	14	70	-	-	-	
Ge.	26	-	3	-	-	-	69	-	9	-	27	53	-	2	-	
Fla.	26	-	15	-	3	20	139	2	33	-	46	96	-	9	4	
E.S. CENTRAL	32	-	28	-	-	1	146	-	27	-	122	277	-	-	1	
Ky.	12	-	-	-	-	-	37	-	-	-	59	38	-	-	1	
Tenn.	10	-	28	-	-	-	35	-	6	-	22	169	-	-	-	
Ala.	9	-	-	-	-	1	74	-	12	-	34	80	-	-	-	
Miss.	1	-	-	-	-	-	-	-	7	-	7	10	-	-	-	
W.S. CENTRAL	62	-	11	-	8	10	320	10	257	2	187	186	-	13	18	
Ark.	3	-	-	-	1	-	44	-	5	-	27	12	-	-	-	
La.	9	-	-	-	1	1	37	1	32	2	12	13	-	-	1	
Okla.	7	-	-	-	-	-	33	-	23	-	27	78	-	4	1	
Tex.	43	-	11	-	6	9	206	9	197	-	121	83	-	9	16	
MOUNTAIN	35	-	150	-	17	7	162	5	152	9	412	434	-	5	11	
Mont.	-	-	-	-	-	-	6	-	-	1	10	11	-	-	-	
Idaho	2	-	1	-	-	-	17	-	10	7	87	99	-	-	2	
Wyo.	1	-	-	-	-	-	9	-	3	-	176	-	-	-	-	
Colo.	16	-	16	-	3	3	38	-	-	-	124	178	-	-	2	
N. Mex.	3	-	-	-	-	-	15	N	-	-	33	39	-	-	-	
Ariz.	7	-	2	-	1	3	48	4	95	1	131	67	-	-	2	
Utah	4	-	131	-	2	-	19	1	25	-	24	38	-	4	4	
Nev.	2	-	-	-	11	1	12	-	15	-	3	5	-	1	1	
PACIFIC	224	-	72	-	15	122	481	1	263	-	651	801	-	33	70	
Wash.	12	-	-	-	-	-	32	-	8	-	32	83	-	-	-	
Oreg.	13	-	-	-	2	4	98	N	N	-	41	103	-	3	-	
Calif.	183	-	56	-	9	96	341	1	233	-	556	599	-	25	41	
Alaska	2	-	18	-	-	2	3	-	4	-	1	5	-	1	1	
Hawaii	14	-	-	-	4	20	7	-	18	-	21	11	-	4	28	
Guam	4	U	211	U	-	12	1	U	6	U	2	-	U	1	-	
P.R.	3	-	13	-	-	355	15	-	2	-	2	10	-	-	-	
V.I.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	
Amer. Samoa	-	U	-	U	-	-	-	U	1	U	2	2	U	-	-	
C.N.M.I.	1	U	26	U	-	46	-	U	2	U	-	1	U	-	-	

*For measles only, imported cases include both out-of-state and international importations.

N: Not notifiable

U: Unavailable

1 International

2 Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 10, 1994, and December 11, 1993 (49th Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic- Shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (tick-borne) (RMSF)	Rabies, Animal
	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994
UNITED STATES	19,148	24,956	175	20,976	21,459	83	391	426	7,002
NEW ENGLAND	206	344	4	492	497	1	21	15	1,788
Maine	4	8	1	27	25	-	-	-	-
N.H.	4	25	-	15	17	-	-	-	-
Vt.	-	1	1	8	5	-	-	-	195
Mass.	86	122	2	261	273	1	17	7	140
R.I.	15	15	-	44	56	-	-	-	894
Conn.	97	173	-	137	121	-	3	8	44
MID. ATLANTIC	1,305	2,317	28	4,173	4,588	1	108	18	1,780
Upstate N.Y.	160	237	15	486	852	1	12	6	1,283
N.Y. City	562	1,183	-	2,480	2,573	-	72	1	-
N.J.	217	288	-	740	782	-	18	4	261
Pa.	366	609	13	687	581	-	6	7	236
E.N. CENTRAL	2,666	4,002	35	2,018	2,209	8	72	44	65
Ohio	1,075	1,101	8	321	299	1	7	27	4
Ind.	244	349	2	185	212	2	7	5	13
Ill.	775	1,540	11	1,028	1,183	3	45	10	19
Mich.	278	535	14	430	447	1	6	2	14
Wis.	294	477	-	54	88	1	7	-	15
W.N. CENTRAL	1,105	1,549	26	539	486	38	1	38	213
Minn.	48	56	1	122	67	1	-	-	17
Iowa	67	64	8	57	57	-	-	-	84
Mo.	926	1,299	7	232	238	24	1	19	26
N. Dak.	-	4	1	8	7	1	-	-	12
S. Dak.	1	2	-	25	14	2	-	13	39
Nebr.	11	10	4	19	23	3	-	1	-
Kans.	52	114	5	76	80	7	-	4	35
S. ATLANTIC	5,115	6,193	8	3,800	4,280	2	47	204	1,897
Del.	25	91	-	40	47	-	1	-	41
Md.	290	347	-	314	372	1	14	23	495
D.C.	199	314	-	105	154	-	1	-	2
Va.	772	644	1	292	415	-	8	19	412
W. Va.	9	12	-	75	71	-	-	2	73
N.C.	1,566	1,799	1	484	535	-	-	81	163
S.C.	762	862	-	355	369	-	-	19	172
Ga.	774	1,029	1	653	715	1	2	55	352
Fla.	718	1,075	5	1,482	1,602	-	21	5	187
E.S. CENTRAL	3,725	3,902	6	1,336	1,539	2	3	44	212
Ky.	208	325	2	306	349	2	1	9	24
Tenn.	967	1,116	3	401	486	-	2	29	71
Ala.	616	823	1	413	470	-	-	2	117
Miss.	1,934	1,838	-	216	234	-	-	4	-
W.S. CENTRAL	4,151	5,245	2	3,030	2,534	17	16	49	644
Ark.	452	531	-	264	182	18	-	9	25
La.	1,599	2,439	-	349	289	-	3	-	69
Okla.	111	270	2	232	157	1	3	33	42
Tex.	1,989	2,005	-	2,185	1,906	-	10	7	508
MOUNTAIN	223	233	13	485	524	9	12	14	135
Mont.	4	1	-	9	13	3	-	4	22
Idaho	2	-	3	11	12	-	-	-	3
Wyo.	2	8	-	8	6	-	-	2	19
Colo.	119	78	6	21	79	1	3	4	15
N. Mex.	19	24	-	65	59	1	1	2	8
Ariz.	39	94	2	220	234	-	3	1	45
Utah	8	11	2	51	30	2	2	-	13
Nev.	30	17	-	100	91	2	3	1	10
PACIFIC	650	1,171	53	5,103	4,802	5	111	-	268
Wash.	32	55	3	246	255	-	4	-	-
Oreg.	21	39	-	90	-	2	5	-	12
Calif.	590	1,061	46	4,466	4,256	2	97	-	226
Alaska	4	8	-	63	55	1	-	-	30
Hawaii	3	8	4	238	236	-	5	-	-
Guam	10	3	-	170	65	-	1	-	-
P.R.	281	473	-	159	213	-	-	-	60
V.I.	28	39	-	-	2	-	-	-	-
Amer. Samoa	1	-	-	4	4	-	1	-	-
C.N.M.I.	2	7	-	34	41	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending
December 10, 1994 (49th Week)

Reporting Area	All Causes, By Age (Years)						P&I [†] Total	Reporting Area	All Causes, By Age (Years)						P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	820	429	107	59	10	15	50	S. ATLANTIC	1,314	810	263	181	51	26	65
Boston, Mass.	138	85	33	14	2	4	13	Atlanta, Ga.	198	108	45	28	10	11	10
Bridgeport, Conn.	27	21	4	2	-	-	-	Baltimore, Md.	137	79	25	25	5	1	12
Cambridge, Mass.	30	23	6	1	-	-	3	Charlotte, N.C.	130	75	29	18	5	3	4
Fall River, Mass.	37	32	-	4	-	-	1	Jacksonville, Fla.	157	107	30	12	7	1	12
Hartford, Conn.	63	35	15	7	4	2	2	Miami, Fla.	96	57	22	14	3	-	-
Lowell, Mass.	26	21	2	3	-	-	-	Norfolk, Va.	70	53	9	7	1	-	2
Lynn, Mass.	18	15	2	1	-	-	1	Richmond, Va.	75	49	17	6	3	-	1
New Bedford, Mass.	16	15	-	1	-	-	1	Savannah, Ga.	45	29	9	5	1	1	4
New Haven, Conn.	34	22	6	3	2	1	2	St. Petersburg, Fla.	47	38	3	4	1	1	1
Providence, R.I.	62	41	11	7	2	1	3	Tampa, Fla.	165	110	35	12	5	3	15
Somerville, Mass.	4	4	-	-	-	-	-	Washington, D.C.	180	97	38	30	10	5	4
Springfield, Mass.	73	48	12	9	-	4	12	Wilmington, Del.	14	10	1	2	-	-	-
Waterbury, Conn.	28	21	5	1	-	1	4	E.S. CENTRAL	743	488	166	59	24	8	53
Worcester, Mass.	64	46	11	6	-	1	8	Birmingham, Ala.	104	74	17	5	5	3	3
MID. ATLANTIC	2,858	1,756	486	306	66	62	155	Chattanooga, Tenn.	49	33	10	4	1	1	5
Albany, N.Y.	81	44	6	6	1	1	5	Knoxville, Tenn.	88	55	24	8	1	-	10
Allentown, Pa.	24	17	5	2	-	-	1	Lexington, Ky.	78	39	31	6	2	-	7
Buffalo, N.Y.	78	70	5	2	1	-	22	Memphis, Tenn.	173	116	36	12	8	1	18
Camden, N.J.	32	23	3	2	2	3	3	Mobile, Ala.	62	41	12	7	2	-	2
Elizabeth, N.J.	30	24	-	2	4	-	1	Montgomery, Ala.	30	23	3	2	1	1	3
Erie, Pa.	41	35	5	1	-	-	2	Nashville, Tenn.	159	105	33	15	4	2	7
Jersey City, N.J.	37	15	6	11	4	1	-	W.S. CENTRAL	1,530	947	304	164	66	46	113
New York City, N.Y.	1,389	879	259	176	30	25	55	Austin, Tex.	53	27	11	12	1	2	5
Newark, N.J.	95	40	22	27	4	2	9	Baton Rouge, La.	55	38	11	4	-	-	2
Petersburg, N.J.	16	11	3	2	-	-	-	Corpus Christi, Tex.	44	31	6	3	2	2	1
Philadelphia, Pa.	396	249	80	36	10	19	22	Dallas, Tex.	186	120	26	25	11	4	3
Pittsburgh, Pa.	82	58	12	6	2	4	8	El Paso, Tex.	56	44	4	4	1	3	8
Reading, Pa.	14	7	4	3	-	-	3	Fl. Worth, Tex.	124	80	21	15	6	2	12
Rochester, N.Y.	136	94	28	9	2	5	7	Houston, Tex.	405	223	91	54	20	15	42
Schenectady, N.Y.	30	23	5	2	-	-	2	Little Rock, Ark.	74	49	16	6	2	1	9
Syracuse, N.Y.	28	25	3	-	-	-	1	New Orleans, La.	161	90	37	19	10	4	-
Trenton, N.J.	64	61	14	5	1	3	6	San Antonio, Tex.	221	146	46	10	9	10	20
Utica, N.Y.	13	12	-	1	-	-	-	Shreveport, La.	35	16	13	4	1	1	4
Yonkers, N.Y.	27	25	1	1	-	-	1	Tulsa, Okla.	116	83	22	8	3	-	8
E.N. CENTRAL	2,336	1,429	391	186	153	67	123	MOUNTAIN	960	688	155	79	37	21	64
Akron, Ohio	64	48	10	3	-	3	-	Albuquerque, N.M.	108	72	22	10	3	1	2
Canton, Ohio	41	36	3	1	-	-	2	Colo. Springs, Colo.	41	28	7	1	4	1	4
Chicago, Ill.	314	61	68	57	111	17	13	Denver, Colo.	135	88	17	17	9	4	13
Cincinnati, Ohio	146	99	26	14	2	5	21	Las Vegas, Nev.	168	114	34	15	2	3	9
Cleveland, Ohio	149	112	22	7	3	5	5	Ogden, Utah	28	24	2	1	1	-	3
Columbus, Ohio	178	123	29	17	5	4	11	Phoenix, Ariz.	190	127	33	19	6	5	15
Dayton, Ohio	131	96	25	9	1	1	10	Pueblo, Colo.	24	20	3	1	-	-	1
Detroit, Mich.	236	144	45	31	5	11	6	Salt Lake City, Utah	92	61	13	8	6	4	9
Evansville, Ind.	51	36	9	3	-	1	3	Tucson, Ariz.	174	134	24	7	6	3	8
Fort Wayne, Ind.	71	58	11	1	1	-	6	PACIFIC	1,969	1,264	376	211	52	32	160
Gary, Ind.	25	12	9	2	1	1	1	Berkeley, Calif.	25	18	3	4	-	-	1
Grand Rapids, Mich.	72	52	13	5	1	1	5	Fresno, Calif.	71	47	8	9	2	5	8
Indianapolis, Ind.	191	118	41	14	10	8	12	Glendale, Calif.	41	31	7	2	-	-	2
Madison, Wis.	49	32	8	4	3	2	3	Honolulu, Hawaii	80	50	17	11	-	-	-
Milwaukee, Wis.	183	145	25	10	2	1	8	Long Beach, Calif.	88	55	20	8	1	4	12
Peoria, Ill.	37	32	4	1	-	-	2	Los Angeles, Calif.	618	348	124	100	28	5	22
Rockford, Ill.	53	43	6	2	1	1	3	Pasadena, Calif.	46	37	4	4	1	-	11
South Bend, Ind.	55	36	8	7	-	2	3	Portland, Oreg.	128	98	23	3	1	3	5
Toledo, Ohio	117	85	18	5	5	4	5	Sacramento, Calif.	U	U	U	U	U	U	U
Youngstown, Ohio	73	58	11	3	1	-	4	San Diego, Calif.	183	116	35	21	6	3	22
W.N. CENTRAL	862	613	131	63	30	15	32	San Francisco, Calif.	155	77	36	20	2	1	16
Des Moines, Iowa	51	32	11	6	2	-	1	San Jose, Calif.	154	110	31	8	3	2	23
Duluth, Minn.	24	18	4	1	1	-	1	Santa Cruz, Calif.	41	30	6	5	-	-	6
Kansas City, Kans.	29	15	5	5	4	-	2	Seattle, Wash.	153	110	31	6	4	2	16
Kansas City, Mo.	118	75	18	6	6	1	7	Spokane, Wash.	57	41	11	1	1	3	7
Lincoln, Nebr.	38	28	7	3	-	-	1	Tacoma, Wash.	129	96	20	9	2	2	9
Minneapolis, Minn.	211	163	25	15	5	3	9	TOTAL	12,890 [‡]	8,402	2,359	1,298	489	292	815
Omaha, Nebr.	102	72	16	7	2	5	4								
St. Louis, Mo.	154	116	20	10	6	2	-								
St. Paul, Minn.	61	43	13	3	1	1	5								
Wichita, Kans.	78	53	12	7	3	3	2								

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

[†]Pneumonia and influenza.

[‡]Because of changes in reporting methods in these 3 Pennsylvania cities, those numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

[§]Total includes unknown ages.

U: Unavailable.

Encephalitis — Continued

TABLE 1. Serologic results for cat scratch disease encephalitis patients, by age, date of onset, and date of serum specimen — Broward and Palm Beach counties, Florida, 1994

Age (yrs)	Date of onset	Date of serum specimen	Antibody titer
6	Aug 12	Aug 12	1:2048
11	Aug 13	Aug 13	1:512
5	Aug 14	Aug 14	1:8192
9	Sep 5	Sep 5	1:8192
3	Sep 27	Sep 27	1:2048

Editorial Note: CSD is caused by infection with *Bartonella* (formerly *Rochalimaea*) *henselae*, an organism that has been associated with bacillary angiomatosis in immunocompromised persons. CSD is associated with exposure to cats infected with *B. henselae*. An estimated 22,000 cases of CSD occur annually in the United States (1). CSD affects persons of all age groups and both sexes and generally is characterized by a self-limiting, regional lymphadenopathy. Uncommon manifestations of *B. henselae* infection include Parinaud oculoglandular syndrome, relapsing bacteremia, and endocarditis and bacillary peliosis (2). Affected lymph nodes usually are proximal to the site of a cat scratch or bite, frequently are tender, and may suppurate. Although antimicrobial agents such as trimethoprim-sulfamethoxazole, rifampin, amoxycillin, and tetracycline exhibit in vitro antimicrobial activity against *B. henselae*, antimicrobial therapy has not been consistently beneficial in reducing the duration or severity of CSD (3). Treatment of CSD is generally supportive, although excision of the affected lymph node(s) and the use of antimicrobials may be indicated for treatment of severe swelling, pain, or suppuration.

B. henselae infection in cats is asymptomatic. Cats can be asymptotically bacteremic for several months and develop detectable antibodies concurrently with bacteremia (4). The seroprevalence of antibodies to *B. henselae* in cats is 14%–44% (5). Although *B. henselae* has been detected in fleas, the role of these and other ectoparasites in the transmission of *B. henselae* is unclear (2). Treatment with tetracycline has reduced bacteremia in cats; however, the effectiveness of treatment on preventing reinfection or recrudescence is unknown.

Encephalitis is a rare complication of CSD, occurring in 1%–7% of cases (3,5). Encephalitis typically develops 2–6 weeks after classic CSD—a pattern illustrated by this report. Clusters of CSD-associated encephalitis are rare, although two cases occurred in Connecticut during a 2-month period (1). Possible explanations for the cluster of CSD encephalitis cases include a background epidemic of classic CSD; however, because initial epidemiologic surveys have found no evidence of this or the presence of a more virulent form of *B. henselae*, further laboratory and epidemiologic studies are being conducted.

Recommendations for the prevention of CSD are directed toward the need to minimize contact between infected cats and humans. Cat owners should be encouraged to ensure that their pets receive routine veterinary health care that includes periodic physical examinations to prevent or detect ectoparasite infestations and to maintain current vaccinations against other zoonotic diseases (i.e., rabies). The potential for the transmission of *B. henselae* also may be reduced by keeping kittens and other pets

Encephalitis — Continued

indoors and by not playing roughly with them. Finally, the public should be educated to avoid contact with stray animals, to wash and disinfect bite and scratch wounds, and to seek appropriate medical care for severe injuries.

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Current Trends

Mortality Patterns — United States, 1992

In 1992, a total of 2,175,613 deaths were registered in the United States—6095 more than in 1991 and the most ever recorded in one year (1). Despite this increase, the overall age-adjusted death rate* (504.5 per 100,000 population) was the lowest ever recorded. In comparison, provisional data indicate that the overall rate increased in 1993 (2). This report summarizes an analysis of final mortality data for 1992 (1) and compares patterns with 1991.

This analysis used information from death certificates filed in state vital statistics offices as required by state law and compiled by CDC's National Center for Health Statistics into a national database. The causes of death are recorded on the death certificate by the attending physician, medical examiner, or coroner in a manner specified by the World Health Organization. In this report, cause-of-death statistics were based on the underlying cause of death†. Data are presented only for blacks and whites because of inconsistent reporting of other races on death certificates.

For 12 of the 15 leading causes of death, the death rate decreased in 1992 from 1991 (Table 1). The age-adjusted death rate for heart disease—the leading cause of mortality in the United States—declined by 2.6%. The rate for atherosclerosis decreased 7.7%, the largest decline among the 15 leading causes of death. Death rates from cancer decreased 1.0%, and from stroke decreased 2.2%. In contrast, rates from human immunodeficiency virus (HIV) infection and diabetes mellitus increased 11.5% and 0.8%, respectively. The death rate from HIV infection in 1992 was the highest annual rate ever recorded; in 1992, HIV infection was the eighth leading cause of death, while in 1991, it was the ninth leading cause (1).

*Age-adjusted to the 1940 U.S. population. Age-adjusted death rates indicate changes in the risk for death more effectively than crude death rates and are better indicators for comparisons of mortality by race or sex.

†Defined by the *International Classification of Diseases, Ninth Revision*, as "(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury."

Mortality Patterns — Continued

Compared with 1991, age-adjusted death rates in 1992 declined for whites[§] (from 486.8 to 477.5, respectively) and for blacks (from 780.7 to 767.5, respectively). For most of the leading causes, age-adjusted death rates were higher for blacks than for whites. The differences in rates were greatest for homicide and HIV infection, for which rates for blacks were 6.5 times and 3.7 times those for whites, respectively (Table 2). Death rates were lower for blacks for two of the 15 leading causes of death—chronic obstructive pulmonary diseases and allied conditions and suicide.

During 1992, age-adjusted death rates for males were higher than those for females (Table 2). Compared with 1991, age-adjusted death rates in 1992 declined both for males (from 669.9 to 656.0, respectively) and females (from 386.5 to 380.3, respectively). The sex-specific difference was greatest for HIV infection: the rate for males was 7.0 times that for females. Rates for suicide and homicide were 4.3 and 4.0 times, respectively, higher for males, and the rate for unintentional injuries was 2.6 times

[§]Hispanics and non-Hispanics are included in both racial groups.

TABLE 1. Age-adjusted death rates* for 1992 and percentage changes in age-adjusted death rates from the 15 leading causes of death from 1991 to 1992 and 1979 to 1992 — United States, 1992

Rank [†]	Cause of death (ICD-9 [§] code)	1992 Age-adjusted death rate	% Change	
			1991 to 1992	1979 to 1992
1	Diseases of heart (390–398, 402, 404–429)	144.3	–2.6	–27.7
2	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140–208)	133.1	–1.0	1.8
3	Cerebrovascular diseases (430–438)	26.2	–2.2	–37.0
4	Chronic obstructive pulmonary diseases and allied conditions (490–496)	19.9	–1.0	36.3
5	Accidents [¶] and adverse effects (E800–E949)	29.4	–5.2	–31.5
	Motor-vehicle accidents (E810–E825)	15.8	–7.1	–31.9
	All other accidents and adverse effects (E800–E807, E826–E949)	13.7	–1.4	–30.1
6	Pneumonia and influenza (480–487)	12.7	–5.2	13.4
7	Diabetes mellitus (250)	11.9	0.8	21.4
8	Human immunodeficiency virus infection (042–044)**	12.6	11.5	—
9	Suicide (E950–E959)	11.1	–2.6	–5.1
10	Homicide and legal intervention (E960–E978)	10.5	–3.7	2.9
11	Chronic liver disease and cirrhosis (571)	8.0	–3.6	–33.3
12	Nephritis, nephrotic syndrome, and nephrosis (580–589)	4.3	0	0
13	Septicemia (038)	4.0	–2.4	73.9
14	Atherosclerosis (440)	2.4	–7.7	–57.9
15	Certain conditions originating in the perinatal period ^{††} (760–779)	—	–5.2	–42.6
	All causes	504.5	–1.8	–12.6

*Per 100,000 population, age adjusted to the 1940 U.S. population.

[†]Based on number of deaths.

[§]International Classification of Diseases, Ninth Revision.

[¶]When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

**These codes are from addenda to the ICD-9 (3).

^{††}Based on infant mortality rates.

Mortality Patterns — Continued

higher for males. The sex-specific difference was lowest for diabetes mellitus (rate ratio=1.1).

In 1992, a total of 318 women were reported to have died from causes associated with pregnancy and childbirth; however, this total consisted of only deaths assigned to complications of pregnancy, childbirth, and the puerperium. The maternal mortality rate was 7.8 deaths per 100,000 live-born infants. The maternal mortality rate for blacks was 4.2 times greater than that for whites.

In 1992, overall life expectancy (LE) at birth was 75.8 years (Figure 1). Despite increases in death rates from HIV infection and diabetes mellitus, overall LE increased by 0.3 years compared with 1991, primarily reflecting decreases in mortality from heart disease among older persons and decreases in unintentional injuries for persons in most age groups 15–64 years. LE at birth remained highest among white females (79.8 years), followed by black females (73.9 years), white males (73.2 years), and black males (65.0 years)—although LE increased for all four racial-sex groups in 1992 over 1991. The race-specific difference in LE between blacks and whites decreased slightly from 1991 (7.0 years) to 1992 (6.9 years).

TABLE 2. Rate ratio of age-adjusted death rates* from the 15 leading causes of death, by sex and race of decedent — United States, 1992

Rank†	Cause of death (ICD-9‡ code)	Male:female	Black:white¶
1	Diseases of heart (390–398, 402, 404–429)	1.9	1.5
2	Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140–208)	1.5	1.4
3	Cerebrovascular diseases (430–438)	1.2	1.9
4	Chronic obstructive pulmonary diseases and allied conditions (490–496)	1.7	0.8
5	Accidents** and adverse effects (E800–E949)	2.6	1.3
	Motor-vehicle accidents (E810–E825)	2.3	1.0
	All other accidents and adverse effects (E800–E807, E826–E949)	3.0	1.6
6	Pneumonia and influenza (480–487)	1.7	1.4
7	Diabetes mellitus (250)	1.1	2.4
8	Human immunodeficiency virus infection (042–044)††	7.0	3.7
9	Suicide (E950–E959)	4.3	0.6
10	Homicide and legal intervention (E960–E978)	4.0	6.5
11	Chronic liver disease and cirrhosis (571)	2.4	1.5
12	Nephritis, nephrotic syndrome, and nephrosis (580–589)	1.5	2.8
13	Septicemia (038)	1.3	2.7
14	Atherosclerosis (440)	1.3	1.1
15	Certain conditions originating in the perinatal period§§ (760–779)	1.2	3.2
	All causes	1.7	1.6

*Per 100,000 population, age-adjusted to the 1940 U.S. population.

†Based on number of deaths.

‡*International Classification of Diseases, Ninth Revision.*

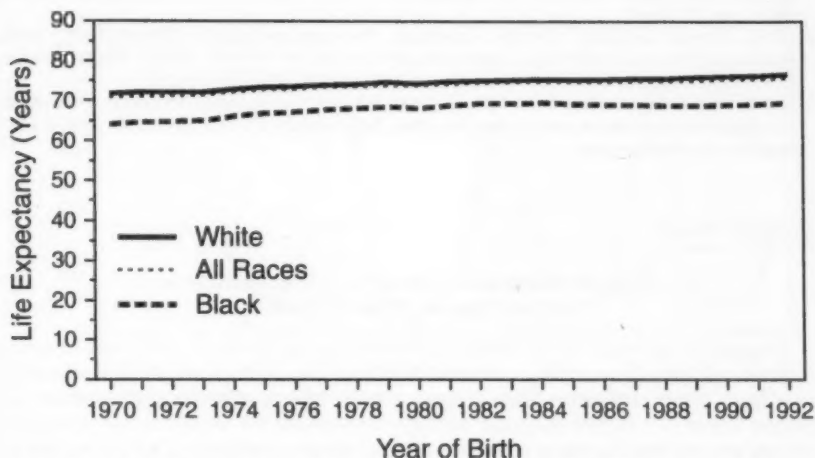
¶Hispanics and non-Hispanics are included in both racial groups. Data are presented only for blacks and whites because of inconsistent reporting of other races on death certificates.

**When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

††These codes are from addenda to the ICD-9 (3).

§§Based on infant mortality rates.

Mortality Patterns — Continued

FIGURE 1. Life expectancy at birth, by year of birth and race* — United States, 1970–1992

*Hispanics and non-Hispanics are included in both racial groups. Race differences are given only for blacks and whites because of inconsistent reporting of other races on death certificates.

Reported by: Mortality Statistics Br, Div of Vital Statistics, National Center for Health Statistics, CDC.

Editorial Note: The findings in this report indicate that death rates have declined for most leading causes, including chronic diseases (e.g., heart disease and stroke) and unintentional injuries; however, death rates associated with HIV infection have increased. Race-specific differences in death rates may reflect variations in factors such as socioeconomic status, access to medical care, and the prevalence of specific risks. LE summarizes death rates by age into a single measure used as an indicator of the nation's health. Each of these approaches can be used to monitor health status and progress toward national health objectives and to identify groups at increased risk for specific diseases and injuries.

Overall, LE has increased every year since 1980. Improvements in LE reflect decreases in the occurrence of many of the leading causes of death, particularly heart disease; however, larger increases in overall LE may have been offset by mortality patterns for HIV infection.

Some disease categories (e.g., infections) may not be adequately represented by one classification system, such as the *International Classification of Diseases*, because of their dispersion throughout the coding system. Therefore, alternative analyses or data sources may provide better measures of mortality associated with these diseases.

*Mortality Patterns — Continued**References*

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*Current Trends***Update: Respiratory Syncytial Virus Activity —
United States, 1994–95 Season**

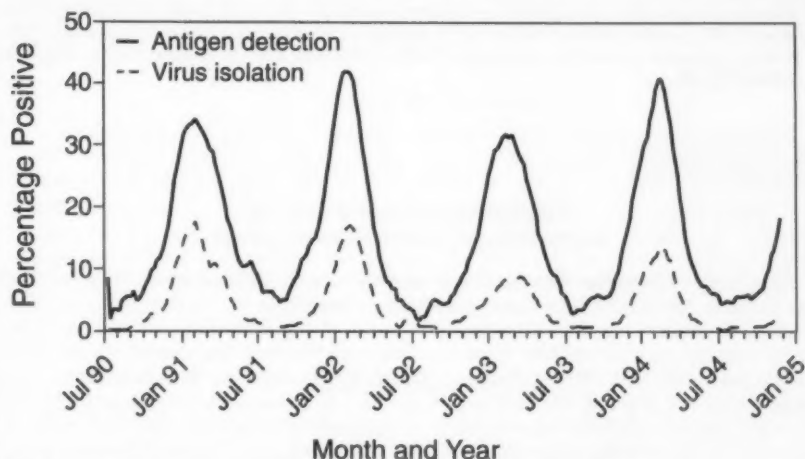
Respiratory syncytial virus (RSV), a common cause of winter outbreaks of acute respiratory disease, causes an estimated 90,000 hospitalizations and 4500 deaths each year from lower respiratory tract disease in both infants and young children in the United States (1). Outbreaks occur annually throughout the United States, and community activity usually peaks within 1 month of the national peak (2). RSV activity in the United States is monitored by the National Respiratory and Enteric Virus Surveillance System (NREVSS), a voluntary, laboratory-based system. This report presents provisional surveillance results from the NREVSS for RSV during July 2–December 9, 1994, and summarizes trends in RSV from July 1, 1990, through July 1, 1994.

Since July 1, 1990, a total of 105 hospital-based and public health laboratories in 47 states have participated in the NREVSS and have reported weekly to CDC the number of specimens tested for RSV by the antigen detection and virus isolation methods and the number of positive results. Widespread RSV activity is defined by the NREVSS as the first of 2 consecutive weeks when at least half of participating laboratories report any RSV detections. This definition generally indicates a mean percentage of specimens positive by antigen detection in excess of 10%. During the previous four seasons, from July 1, 1990, through July 1, 1994, onset of widespread RSV activity began in November and continued an average of 24 weeks until April or mid-May (Figure 1). The peak in activity occurred each year from mid-January through mid-February. For the current reporting period (July 2–December 9, 1994), 85 laboratories in 43 states reported results of testing for RSV. Since November 12, more than half of the participating laboratories reported detections of RSV on a weekly basis, indicating the onset of RSV activity for the 1994–95 season.

Reported by: National Respiratory and Enteric Virus Surveillance System laboratories. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: During the RSV season, health-care providers should consider RSV as a cause of acute respiratory disease in both children and adults. Most severe manifestations of infection with RSV (e.g., pneumonia and bronchiolitis) occur in infants aged 2–6 months; however, children of any age with underlying cardiac or pulmonary disease or who are immunocompromised are at risk for serious complications from this

Respiratory Syncytial Virus — Continued

FIGURE 1. Percentage* of specimens positive for respiratory syncytial virus, by method of confirmation and week — United States, July 1, 1990–December 9, 1994

*Laboratory group mean, smoothed using 5-week moving average.

infection. Because natural infection with RSV provides limited protective immunity, RSV may cause repeated symptomatic infections throughout life. In adults, RSV usually causes upper respiratory tract manifestations but may cause lower respiratory tract disease—especially in the elderly and in immunocompromised persons. Outbreaks among immunocompromised persons can result in high death rates.

RSV is a common, but preventable, cause of nosocomially acquired infection; the risk for nosocomial transmission is increased during community outbreaks. Sources for nosocomially acquired infection include infected patients, staff, visitors, or contaminated fomites. Nosocomial outbreaks or transmission of RSV can be controlled with strict attention to contact-isolation procedures (3). In addition, chemotherapy with ribavirin is indicated for some patients (e.g., those at high risk for severe complications or those who are seriously ill with this infection) (4). Prophylaxis with intravenous RSV immunoglobulin for high-risk patients is being evaluated (5). Vaccines for RSV are being developed, and some are being evaluated in clinical trials; however, none have been proven safe and efficacious (6).

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Respiratory Syncytial Virus — Continued

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*Notice to Readers***Publication of Draft Guideline
for Isolation Precautions in Hospitals**

The Hospital Infection Control Practices Advisory Committee and CDC published the *Draft Guideline for Isolation Precautions in Hospitals*, in the November 7, 1994, *Federal Register** for public comment. Copies of the document are available for \$7.95 (catalog number 094600) from the American Hospital Association, Order Processing Desk, P.O. Box 92683, Chicago, IL 60675-2683; telephone (800) 242-2626; or for \$8.00 (stock number 069-001-00079-3) from the U.S. Government Printing Office, Order and Information Desk, Washington, DC 20402-9329, telephone (202) 512-1800. In addition, the *Federal Register* can be viewed and photocopied at most libraries designated as U.S. Government Depository Libraries and at some public and academic libraries. Comments must be received in writing by January 6, 1995, at CDC, Attention: Isolation Guideline, Mailstop A-07, 1600 Clifton Road, NE, Atlanta, GA 30333.

*59 FR 55552-70.

*Notice to Readers***Combined Issues of MMWR**

A December 30, 1994, issue of *MMWR* will not be published. Following that, the next issue will be Volume 43, Numbers 51 and 52, dated January 6, 1995, and will include the figure and tables on notifiable diseases and deaths for the weeks ending December 24 and December 31, 1994.

*Notice to Readers***Availability of Summary of Sanitation Inspections
of International Cruise Ships**

Every cruise ship coming into a U.S. port that has an international itinerary and carries 13 or more passengers is inspected semiannually by CDC. A ship's inspection score is published every 2 weeks in the *Summary of Sanitation Inspections of International Cruise Ships* (i.e., the "Green Sheet"). A ship's level of sanitation is acceptable if its score is 86% or higher.

Notice to Readers — Continued

The Green Sheet is available through Internet, ftp.cdc.gov/pub/ship_inspections/shipscore.txt; the CDC Fax Information Service, telephone (404) 332-4565 (request document number 510051); or CDC's National Center for Environmental Health, Vessel Sanitation Program, Room 107, 1015 North America Way, Miami, FL 33132; telephone (305) 536-4307; fax (305) 536-4528.

Erratum: Vol. 42, No. 53

The *Summary of Notifiable Diseases, United States, 1993* (published October 21, 1994), contains errors on pages 24, 60, and 67. The legend "Outbreak due to Fermented Fish/Sea Products, AL" in the foodborne botulism graph (page 24) should read "Outbreak due to Fermented Fish/Sea Products, AK". The vertical legend in the tuberculosis graph by year (page 60) should read "Reported Cases," not "Reported Cases per 100,000 Population." In Table 1 of the Historical Summary Tables (page 67), the AIDS total for 1993 should be 103,691 and footnoted as follows: "Total reported through December 31, 1993. Total includes 158 cases with unknown state of residence."

Erratum: Vol. 43, No. 43

In the article "National Notifiable Diseases Reporting—United States, 1994," the year of publication listed in the reference should have been *MMWR* 1993 instead of *MMWR* 1994.

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